

OMB Approval No. 0348-0043

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| Previous Edition Usable | Standard Form 424 (Rev. 7-97) |
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INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry: | Item: | Entry: |
|-------|---|-------|--|
| 1. | Self-explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided: -- "New" means a new assistance award. -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | 19. | Please contact the State Clearinghouse for assistance regarding submittal requirements: |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | Ronald W. Cook Kentucky State Clearinghouse <i>Department for Local Government</i> 3 rd Floor, Suite 340, 1024 Capital Center Drive Frankfort, Kentucky 40601-8204 Telephone: 502-573-2382 FAX: 502-573-0175 |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

APPLICATION FOR FEDERAL ASSISTANCE

Use this section to provide a summary description of the project.

ADDITIONAL INFORMATION

1. If this proposal is statewide in nature, how much money will be spent in each Area Development District?

| | | | | | |
|---------------|-------|---------------|-------|-------------------|-------|
| Purchase | _____ | KIPDA | _____ | Big Sandy | _____ |
| Pennyrile | _____ | Northern Ky. | _____ | KY River | _____ |
| Green River | _____ | Buffalo Trace | _____ | Cumberland Valley | _____ |
| Barren River | _____ | Gateway | _____ | Lake Cumberland | _____ |
| Lincoln Trail | _____ | FIVCO | _____ | Bluegrass | _____ |

2. If this Proposal is to be a continuation project in the future, will the match required from state local government vary from the original percentage?
- ☐ Yes ☐ No

3. For all projects (other than industrial-commercial ones) with a site (building a new structure or renovating an existing structure):
 - A. Please provide an 8.5 x 11 (or 17 x 11) with photocopy of a 7.5 minute USGS Topographic Map marking site location with streams and roads clearly named. Copy only portion of the Topographic Map that shows the location of the site.
 - B. Give name of potable water supplier. (Some communities have more than one; determine correct one.)
 - C. Describe wastewater disposal:
 1. If by a package sewage treatment plant is it by a _____ proposed or _____ existing facility. If existing, give legal name and Kentucky Pollutant Discharge Elimination System (KPDES) (not local) permit number.
 2. If by an existing publicly owned wastewater treatment plant (Publicly Owned Treatment Work [POTW], give plant name. (Some communities have more than one; determine correct one.)
 3. If via an on-site septic tank and lateral field, give local health department name and its permit number for the system.
4. FOR ALL COMMERCIAL AND INDUSTRIAL PROJECTS
 - A. Please provide an 8.5 x 11 (or 17 x 11) with photocopy of a 7.5 minute USGS Topographic Map marking site location with streams and roads clearly named. Copy only portion of the Topographic Map that shows the location of the site.
 - B. Describe project and complete Environmental Information Form.
5. SOLID WASTE INFORMATION
 - A. Regarding Solid Waste (Demolition, Rehabilitation) waste for project, state where the solid waste will be disposed. Please provide name of landfill, permit number and method of transportation to landfill. Please submit a copy of the contract.
6. Prior to submitting this information, please contact the State Clearinghouse to ascertain the appropriate number of copies to be provided by the applicant. Insufficient number of copies will either delay project or cause project to be returned for the correct amount of copies.

PREAPPLICATION FOR FEDERAL ASSISTANCE

PART II

| | (Check One) | |
|--|-------------|----|
| | Yes | No |
| 1. Does this assistance request require State, Local, Regional or other priority rating? | | |
| 2. Does this assistance request require State or Local advisory, educational or health clearance? | | |
| 3. Does this assistance request require Clearinghouse review? | | |
| 4. Does this assistance request require State, Local, Regional or other planning approval? | | |
| 5. Is the proposed project covered by an approved comprehensive plan? | | |
| 6. Will the assistance requested serve a Federal Installation? | | |
| 7. Will the assistance requested be on Federal land or installation? | | |
| 8. Will the assistance requested have an effect on the environment? | | |
| 9. Will the assistance requested cause the displacement of individuals, families, businesses, or farms? | | |
| 10. Is the project in a designated flood hazard area? | | |
| 11. Does this application supplement (complement) an application submitted for review within the past 2 years? If yes, give SAI# and legal applicant:_____ | | |
| 12.. Is there other related assistance for this project anticipated? If yes, cite this project SAI# in the future applications, Part 4, Item 11. | | |
| 13. Is this application essentially similar to an application that has been submitted or updated within the last year? If yes, this application is not necessary. | | |

PART III PROJECT BUDGET

| FEDERAL CATALOG NUMBER(s) (a) | TYPE OF ASSISTANCE LOAN, GRANT, ETC. (b) | FIRST BUDGET PERIOD (c) | BALANCE OF PROJECT (d) | TOTAL (e) |
|-------------------------------------|--|-------------------------------|------------------------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

PART IV
BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS

| GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | | |
|--|------------|------------|------------|------------|------------------|
| Object Class Categories | (1) | (2) | (3) | (4) | (5) Total |
| a. Personnel | \$ | \$ | \$ | \$ | \$ |
| b. Fringe Benefits | | | | | |
| c. Travel | | | | | |
| d. Equipment | | | | | |
| e. Supplies | | | | | |
| f. Contractual | | | | | |
| g. Construction | | | | | |
| h. Other | | | | | |
| i. Total Direct Charge (sum of 6a-6h) | | | | | |
| j. Indirect Charges | | | | | |
| k. TOTALS (sum of 6i and 6j) | \$ | \$ | \$ | \$ | \$ |
| 7. PROGRAM INCOME | \$ | \$ | \$ | \$ | \$ |